PRIVILEGED & CONFIDENTIAL

ETS SUMMARY AND GENERAL QUESTIONS

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The overall company position may be stated as follows:

Our company respects the equality of rights of nonsmokers and smokers within workplaces and other indoor spaces. We encourage individuals to show courtesy and mutual respect in accommodating their colleagues' wishes to smoke or not to smoke. We encourage the creation and maintenance of acceptable indoor air quality in workplaces and other indoor spaces, whether or not smoking occurs.

If smoking occurs, we encourage the accommodation of the interests of both smokers and nonsmokers. Depending upon the nature of the indoor space and the interests of those using that space, options for indoor smoking may range from moderate, discretionary smoking throughout the indoor space to indoor smoking in designated smoking areas. Although we recognize that nonsmokers may be annoyed and irritated by tobacco smoke, the concerns and interests of both smokers and nonsmokers can be accommodated in an indoor environment by employing the indoor smoking option best suited to the particular space. Whether moderate, discretionary smoking occurs or whether smoking is limited to designated smoking areas, the scientific data indicate that nonsmoker exposure in

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properly ventilated indoor areas is either minimal or below existing detection limits. The data further indicate that it is has not been convincingly established that any chronic health effect is attributable to nonsmoker exposure to environmental tobacco smoke.

We continue to respect the freedom of choice and to encourage the accommodation of the interests and rights of both smokers and nonsmokers.

We believe that the simple separation of smokers and nonsmokers, even under conditions of a shared ventilation system with the recirculation of air, is effective in minimizing nonsmoker exposures to ETS. Adequate ventilation will reduce complaints about indoor air quality, but it should be supplied to all spaces, regardless of smoking, for occupant comfort and well-being. Any requirement that smokers congregate in an enclosed space will place added demands upon a ventilation system, forcing the building owner or manager into often expensive, sometimes cost-prohibitive, reconstruction and maintenance of the air handling system. In many instances, simple separation and adequate ventilation will provide similar reductions in exposures for nonsmokers. A smoking ban is unjustified

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by the data on ETS exposures in the workplace and public places, and it will do nothing to improve fresh air ventilation or reduce exposure to other substances in the indoor air. In this regard, we favor accommodation of the rights and interests of both smokers and nonsmokers in workplaces and public places.

As indicated above, we believe that the available scientific data do not convincingly support claims that ETS is associated with an increased risk of lung cancer, heart disease, respiratory disorders or other chronic diseases.

We believe that the EPA's Risk Assessment on ETS was fundamentally flawed and should be declared null and void by the courts because (i) the EPA lacked the statutory authority to take the action it did, (ii) the EPA did not follow its own procedures, (iii) the EPA's prejudgment of the issues violated fundamental fairness and due process and most importantly, (iv) the EPA's biased handling of the science was arbitrary and capricious.

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ENVIRONMENTAL TOBACCO SMOKE

AND LUNG CANCER

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ENVIRONMENTAL TOBACCO SMOKE

AND LUNG CANCER

There are currently 35 epidemiologic studies that address the issue of ETS and lung cancer in nonsmokers. The primary focus of each study is a comparison between lung cancer rates in nonsmoking women married to smokers and those married to nonsmokers. ETS exposure is not measured, but is assessed by questionnaire responses concerning the smoking practices of spouses and other persons, including parents and coworkers. The vast majority, 29 of the 35 studies, report overall risk estimates for spousal smoking that are not statistically significant; only six studies report statistically significant overall risk estimates. In other words, 85% of the studies on spousal smoking report overall risk estimates that are consistent with the hypothesis of "no effect" from reported exposures to ETS. Moreover, the majority (16 of 18) of the risk estimates for workplace exposure are not statistically significant; only two marginally statistically significant results have been reported. In addition, the risk estimates reported in these studies are "weak" in epidemiologic terms. When weak associations are considered, potential sources of bias (errors in study design and conduct) and confounding (factors other than spousal smoking that may be associated with lung cancer risk) should be examined, which the spousal smoking studies fail adequately to do.

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ENVIRONMENTAL TOBACCO SMOKE

AND LUNG CANCER

QUESTIONS AND DISCUSSION

Q. What is your industry's position on ETS and lung cancer in nonsmokers?

Discussion: We believe that the available scientific data do not convincingly support claims that ETS exposure is associated with an increased risk of lung cancer in nonsmokers.

Q. What is the basis for this position? Why do you believe what you do?

Discussion: We believe that an objective review of all relevant data on environmental tobacco smoke and lung cancer would not support the claims that have been made. The epidemiologic studies in this area report "weak" overall risk estimates, the vast majority of which are not statistically significant. Moreover, the studies have failed adequately to account for potential sources of bias (errors in study design and conduct) and confounders (factors other than spousal smoking that may be associated with lung cancer risk).

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Q. You are presumably aware that a number of government authorities have found that ETS causes lung cancer. Why are the available data sufficient for the EPA, Surgeon General, etc., but not for your industry?

Discussion: We believe that an objective review of all relevant, available data would not support the conclusions reached in those reports. The epidemiologic studies, for instance, do not include actual measurements of exposure, relying instead on responses to questionnaires. There is, however, a body of scientific literature available that indicates that under typical conditions, nonsmoker exposure to ETS is minimal. Moreover, the epidemiologic studies are scientifically flawed. In addition to the lack of actual exposure data, numerous sources of bias (systematic errors in study design and/or conduct) and potential confounding factors (factors that may be related both to spousal smoking status and lung cancer risk) have been identified. When the studies are critically examined, and all available data are considered, the positions of the EPA and others are not convincingly supported.

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ENVIRONMENTAL TOBACCO SMOKE

AND CANCER (OTHER THAN THE LUNG)

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ENVIRONMENTAL TOBACCO SMOKE

AND CANCER (OTHER THAN THE LUNG)

Claims have been made in the scientific literature that ETS exposure is associated with an increased risk of cancer in organs of the body other than the lung. The studies reporting data on ETS and cancers other than the lung are few in number (usually less than three for any particular type of cancer) and they generally report risk estimates that are not statistically significant. The studies are subject to the same types of criticism, e.g., lack of exposure data, bias and confounding, that apply to the population studies on spousal smoking and lung cancer. Several authors have reviewed the research in this area and have concluded that the available data are insufficient to reach a conclusion about associations between ETS and cancers other than the lung.

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ENVIRONMENTAL TOBACCO SMOKE

AND CANCER (OTHER THAN THE LUNG)

Q. What is your company's position on ETS and cancers other than the lung?

Discussion: We believe that the available scientific data on ETS exposure and cancer other than the lung are insufficient to reach a conclusion regarding the presence or absence of an association. The authors of several reviews of this topic, including a group of European cancer researchers affiliated with the International Agency for Research on Cancer, share that opinion.

Q. Basically, why do you take that position?

Discussion: For each of the cancer endpoints other than lung cancer, there are few epidemiologic studies. The vast majority of these studies do not report statistically significant risk estimates. Moreover, the reported associations are weak, and the studies fail adequately to account for potential sources of bias and confounding.

Q. Haven't a lot of different kinds of cancer been found to be caused by ETS?

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Discussion: A few epidemiologic studies have been published concerning a number of cancer endpoints other than lung cancer. These include breast, nasal sinus, bladder, cervix, brain, and kidney. It is important to realize that, for each claimed association, there are usually less than three studies reporting data. These studies are subject to criticisms about their conduct, for instance, their failure to adequately account for confounding factors. Moreover, the vast majority do not report statistically significant risk estimates.

Q. Isn't it true that ETS causes 12,000 deaths per year due to other cancers?

Discussion: This claim is derived from a 1988 paper by Wells. The reported numbers are obtained by using mathematical calculations based on questionable assumptions. They represent one individual's opinion which has been extensively cited without critical attention to its flaws. If one critically examines the actual epidemiologic studies on the "other cancers," the following would become evident: there are very few studies providing data on this issue; the studies can be criticized for their design and conduct; ETS exposure was not measured, only assessed by questionnaire; and nearly all the reported risk estimates were not statistically significant.

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ENVIRONMENTAL TOBACCO SMOKE

AND ADULT RESPIRATORY SYMPTOMS AND DISEASE

(Other Than Cancer)

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ADULT RESPIRATORY SYMPTOMS AND DISEASE

(Other Than Cancer)

Numerous studies have examined the possible association between reported ETS exposures in the home and respiratory disease (other than cancer). The studies evaluate lung function, disease end-points such as bronchitis and asthma, and respiratory symptoms such as cough and wheezing. In addition, two studies have examined workplace smoking and lung function. Other studies have examined ETS within the context of other exposures in the home environment, including gas stove usage, outdoor air pollution and home dampness.

The results are both mixed and inconclusive. A strong critic of ETS conceded that "the effect of passive smoking on respiratory infections in adults has not been well-characterized and reports of its effects on chronic respiratory disease in adults have been inconsistent. Data from surveys on adult asthmatics are generally consistent with results that suggest that ETS exposures did not affect symptoms or pulmonary function in adult asthmatics. Although some individuals claim to be annoyed by the sight and smell of tobacco smoke, there are no data suggesting the existence of a specific hypersensitivity to tobacco smoke. This is not to deny that some individuals, including those with pre-existing allergies, may report annoyance and irritation, but the basis for these reactions is neither specific nor immunologic and cannot be regarded as evidence of clinical tobacco smoke allergy.

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ETS EXPOSURE AND ADULT RESPIRATORY DISEASE

Q. What is your company's position on environmental tobacco smoke and respiratory disease in adults?

Discussion: It is our position that the scientific data available at this time do not support a causal association.

Q. What is the basis for your position?

Discussion: The epidemiological studies of ETS exposure and adult respiratory disease suffer from several major problems. First, there is no quantitative measurement of exposure in most of the studies. Instead, exposure is estimated via questionnaire responses. Secondly, there are many potential confounders for respiratory illness in adults (e.g., home dampness, gas cooking, socioeconomic status, etc.) that are not adequately controlled for in these studies. In fact, a number of studies have reported that one or more of these confounding factors are associated with respiratory illness in adults while ETS exposure is not.

Q. Didn't the EPA recently determine that ETS has "subtle but significant" effects on the respiratory health of nonsmoking adults?

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Discussion: The scientific data available on ETS exposure and the respiratory health of adults do not provide proof of a causal association. In fact, the studies are inconsistent in their reported results; confounding is not adequately controlled for in these studies; and a reliable quantitative estimate of exposure is not utilized in the studies.

Q. What scientific evidence would it take to convince your company that ETS causes respiratory diseases in adults?

Discussion: Because of the wide array of social and environmental factors that may be associated with respiratory disease in adults, I don't know if epidemiology will ever be able to answer any questions regarding causation. There are a large number of factors that should be controlled for in any study which purports to show a causal relationship between exposure to ETS and respiratory health problems in adults. The studies available to date have not succeeded in doing this.

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ENVIRONMENTAL TOBACCO SMOKE

AND HEART DISEASE

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HEART DISEASE

There are fourteen epidemiologic studies on the risk of heart disease in nonsmoking spouses of smokers and six studies evaluating workplace exposures to ETS. The reported results are neither consistent nor convincing, many failing to adequately consider important risk factors such as family history, blood pressure, cholesterol levels, age, body mass, dietary fat, alcohol consumption, diabetes and exercise. The epidemiologic data on heart disease does not convincingly support the inference of "causality" required for the various population attributable risk estimates.

In 1986, the report of the U.S. Surgeon General examined the available studies and stated that "no firm conclusion" could be made regarding a possible association between ETS and heart disease in nonsmokers. In 1991, it was noted, "while there are more data now than in 1986, it remains abundantly clear that the evidence still does not support" the conclusion that ETS causes heart disease in nonsmokers. Indeed, even the final EPA report on ETS stated that it would take "no position on whether ETS is a risk factor" for heart disease in nonsmokers.

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Exposure to ETS - Cardiovascular Effects

Q. A lot of people have heart disease and a lot of people are exposed to ETS. What is your Company's position on whether exposure to ETS is a cause of heart disease?

Discussion. Whether ETS exposure may be a factor in heart disease has not been scientifically demonstrated.

Q. What is the basis for your Company's position on this issue?

Discussion. Most epidemiologic literature providing data report no statistical significance. The scientific data are considered inadequate, inconsistent and flawed. There are hundreds of heart disease risk factors that are uncontrolled.

Q. Has Philip Morris ever performed any original research to determine whether ETS or some component of ETS might cause heart disease?

Discussion. For decades, research on tobacco smoke and potential health effects, including potential cardiovascular effects, has been a major focus of government funding, many university and private facilities and through tobacco industry funding, principally via the Council for Tobacco Research.

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Q. Are you aware of any literature indicating that exposure to ETS is not a factor in the development of heart disease?

Discussion. Philip Morris does not take this position. The Company, however, is in agreement with a number of scientific reviews that have judged the data to be too weak, inconsistent and flawed to reach a conclusion that there is such a relationship.

Q. Your industry still maintains that cigarette smoking has not been proven to cause any human disease. Today the world's scientific and medical community stands united against you. Every organization that has spoken to this issue has determined that cigarette smoking causes heart disease, and chronic obstructive pulmonary disease as well as other health problems. There is no legitimate controversy on these questions. Only the tobacco industry and a few paid consultants say it has not been "proven," it is just a "risk factor." How can you talk about free informed choice while the tobacco industry continues to maintain this position?

Discussion: We understand that the majority does not agree with our position. History is replete with examples of important scientific and medical questions where near unanimity of opinion obtained or decreed only subsequently to

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be proven wrong. We are required by federal law to provide warnings to our consumers so that they make their choice to smoke or not fully aware of the government's view. We are convinced that our position has a sound scientific basis and we will hold that position as long as we believe it is sound.

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ENVIRONMENTAL TOBACCO SMOKE

AND CHILDHOOD RESPIRATORY ISSUES

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ENVIRONMENTAL TOBACCO SMOKE

AND CHILDHOOD RESPIRATORY ISSUES

Claims that ETS exposure, usually from parental smoking, is associated with childhood respiratory health are laden with emotion; however, the scientific basis for such claims is difficult to interpret. Epidemiologic studies in this area, dealing with different populations and using different methods of data collection and analysis, tend to yield incompatible and contrary conclusions. The majority of studies on these issues fail adequately to account for numerous independent risk factors, which include socioeconomic status and many characteristics of the home and family. The reported results of studies in this area have also been questioned because of the studies' reliance on questionnaires to estimate ETS exposure and/or respiratory symptoms. However, studies utilizing more objective standards such as actual measurements of lung function are also open to criticism, because of the many variables that could influence the performance of a lung function test. When the scientific data are taken as a whole, claims that parental smoking plays a causal role in the development of respiratory symptoms and reduced lung function in children are not scientifically justified.

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ENVIRONMENTAL TOBACCO SMOKE

AND CHILDHOOD RESPIRATORY ISSUES/PARENTAL SMOKING ISSUES

QUESTIONS AND DISCUSSION

Q. What is your company's position on whether parental smoking causes respiratory diseases in children?

Discussion: The scientific data available do not support the claim that adverse health effects in children are caused by exposure to environmental tobacco smoke. We believe that there are many factors common to parental smoking and the respiratory health of children, and that one or more of these factors may be responsible for the alleged relationship between exposure to ETS and respiratory disease in children. We feel that these other factors should be examined much more thoroughly before any conclusions can be reached and that more accurate methods of assessing actual exposure in children are also needed before definitive conclusions can be made.

Q. What is the basis for your Company's position?

Discussion: The available scientific literature on childhood respiratory diseases references a wide variety of factors that are statistically associated with an increased

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risk of disease. These include socioeconomic status, damp housing, day-care attendance, decreased breast feeding, wood smoke exposure, and gas stove use, to name just a few. Many of these factors are inter-related, both to each other and to parental smoking status. The studies on childhood respiratory diseases to date rarely, if ever, account for even a fraction of these factors. Childhood respiratory disease is a complex issue.

Q. If a causal relationship isn't proven, does this mean that your company is claiming that children won't be harmed by their parents' smoking?

Discussion: The scientific data available at this time do not warrant the conclusion that parental smoking causes respiratory health problems in children. However, each parent must make an educated judgment about what is best for his or her children.

Q. Are you stating that parental smoking is not associated with any health risks to young children?

Discussion: The epidemiologic studies of parental smoking have several major problems. First, there is no quantitative measurement of exposure in the vast majority of studies.

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Instead, exposure is estimated via questionnaire responses from parents. Secondly, there are many potential confounders for respiratory illness in this group (e.g., breast feeding, gas cooking, socioeconomic status, etc.) that are not adequately controlled for in these studies. In fact, in a number of these studies, one or more of these factors was statistically associated with respiratory illness in young children while parental smoking was not.

Q. Didn't the EPA recently determine that ETS causes 150,000 to 300,000 lower respiratory tract illnesses and 7,500 to 15,000 hospitalizations for lower respiratory infections in children under 18 months of age each year in the United States?

Discussion: We are unaware of the statistical methods the EPA used to arrive at these estimates, and we therefore question the credibility of the estimates. In addition, the estimates are based on an assumption of causality, and we believe that any estimates based on such an assumption are fundamentally flawed.

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ENVIRONMENTAL TOBACCO SMOKE:

CHARACTERISTICS AND EXPOSURE STUDIES

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Summary

ETS is not the same as either mainstream or sidestream smoke. As one researcher in tobacco smoke chemistry has observed, "there are profound physical and quantitative chemical differences" among the three kinds of smoke (MS, SS and ETS). There are differences in physical/chemical properties, particle size (and behaviors) and relative concentrations of constituents. Studies indicate that constituents in ETS are hundreds to thousands of times more dilute than in either SS or MS. Concentrations of ETS constituents in real-life situations are often below the limits of detection and measurement for even the most sensitive air monitors.

Data from numerous ambient air measurement studies on ETS in public places, offices and restaurants do not support the contention of those who advocate smoking bans or the isolation of smokers in separately ventilated rooms. Studies report that typical nonsmoker exposures to ETS are minimal -- often at or below limits of detection -- and often indistinguishable from "background" levels of constituents found in buildings where smoking is altogether prohibited.

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ETS: CHARACTERISTICS AND EXPOSURE

Q: What is your company's position on whether ETS is harmful or toxic?

Discussion: It's true that levels of some constituents in sidestream smoke are greater than their counterparts in mainstream smoke, but this comparison has little to do with ETS. It ignores the profound effect of dilution on sidestream smoke as it ages in the environment. Studies indicate that ETS constituents are hundreds to thousands of times more dilute than those found in either mainstream or sidestream smoke.

Q: I've heard that the average nonsmoker is exposed to the equivalent of smoking one to five cigarettes a day.

Discussion: Actually, studies that have measured environmental tobacco smoke in the air of public places, workplaces and restaurants indicate that, under realistic conditions, the typical nonsmoker is exposed anywhere from 1/100th to more than 1/1000th of a cigarette equivalent per hour. Oftentimes concentrations of ETS constituents in real

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life situations are below the limits of detection and measurement for even the most sensitive air monitors.

Q: ETS contains carcinogens and, on that basis, we should attempt to eliminate exposure to it.

Discussion: Specific substances supposedly responsible for the "carcinogenicity" of tobacco smoke have never been identified and associations between suspect carcinogens in mainstream smoke and specific diseases have never been established. Virtually all of the so-called carcinogens imputed to ETS are found elsewhere in environments that do not permit smoking, often at levels far in excess of any of those generated by tobacco smoke. Banishing tobacco smoke from the indoor environment will not completely eliminate exposure to those kinds of substances.

Q: What is your company's position on whether nonsmokers should experience exposure to ETS in public places, workplaces and restaurants?

Discussion: Those kinds of venues are infinitely varied and decisions regarding smoking need to apply to each specific instance. In some instances, for example, nonsmokers can be

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accommodated through adequate ventilation. In other instances, employers may wish to separate smokers and nonsmokers. Studies indicate that simple separation of smokers and nonsmokers, even under conditions of a shared ventilation system, is effective in minimizing nonsmoker exposures to ETS.

Q: What is the basis for your position on nonsmoker exposure? Why is it okay to involuntarily expose nonsmokers to ETS?

Discussion: We believe that a smoking ban is unjustified by the exposure data on ETS in the scientific literature and it will do nothing to improve overall fresh air ventilation or reduce exposure to other substances in the indoor air. Any requirement that smokers congregate in an enclosed space will add demands upon a ventilation system, when, in point of fact, simple separation and adequate ventilation will provide similar reductions in exposures for nonsmokers.

Q: Your company advocates "adequate ventilation" for all areas which permit smoking, yet ventilation systems weren't designed to handle tobacco smoke and it is suggested that no amount of ventilation could adequately dilute and remove ETS.

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Discussion: Again, we rely on the judgments of experts. In this case the experts include the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE), who currently have a ventilation standard designed to control airborne substances and to accommodate smoking. The standard, I might add, has been adopted by building codes and many states in the U.S. Studies indicate that the ASHRAE specifications for office areas, public areas, and restaurants are effective in diluting and removing ETS. It is nonsense to suggest that ventilation systems are incapable of dealing with ETS when, in point of fact, nearly every constituent imputed to ETS is dealt with by ventilation.

Q: Isn't it true that ETS is the major indoor air pollutant?

Discussion: Because ETS is visible, it tends to draw more complaints from more individuals about indoor air quality. But, the data on sick-building syndrome indicate that visible ETS is most often an indication of poor ventilation and not an underlying cause of complaints. Indeed, most sick-building investigations indicate that inadequate ventilation is the underlying cause of complaints. It's understandable, then, that ETS would be blamed for indoor air quality in the context

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of poor ventilation. If the ventilation issue is addressed, so is ETS.

Q: What is your company doing to minimize nonsmoker exposure to ETS?

Discussion: Our company has long advocated a program of accommodation of both smoker and nonsmoker interests. As I indicated earlier, workplaces and public places are infinitely varied and accommodation should be based upon the circumstances in each specific instance. We advocate a "building systems approach" to total indoor air quality, and we therefore advocate adequate ventilation for all areas regardless of whether smoking takes place or not. In addition to this, the simple separation of smokers and nonsmokers often satisfies nonsmoker desires to avoid ETS, while maintaining the smoker's right to smoke. Solutions can be found in each instance, while preserving the delicate balance between smoker and nonsmoker rights.

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